



PRECONSTRUCTION MEETING PACKET

GENERAL PROJECT INFORMATION:

PROJECT NAME: _____

CBU PROJECT #: _____

LOCATION: _____
☐ Inside City Limits ☐ County Jurisdiction ☐ IU Jurisdiction

DEVELOPER: _____

Contact Name: _____

Phone: _____ Email: _____

Last Plan Revision Date: _____

CONTRACTOR'S CONTACT INFORMATION:

Start Date: _____ **Anticipated Completion Date:** _____

GEN. CONTRACTOR: _____

Contact Name: _____ (on-site supervisor)

Phone: _____ Email: _____

Erosion Control Contact: _____

Phone: _____ Email: _____

SUB. CONTRACTOR 1: **Excavation**

Business Name: _____

Contact Name: _____ (on-site supervisor)

Phone: _____ Email: _____

Contracted Work to Complete: _____

SUB. CONTRACTOR 2: **Utility Installation**

Business Name: _____

Contact Name: _____ (on-site supervisor)



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Phone: _____ Email: _____

Contracted Work to Complete: _____

SUB. CONTRACTOR 3: **Plumber**

Business Name: _____

Contact Name: _____ (on-site supervisor)

Phone: _____ Email: _____

Contracted Work to Complete: _____

SUB. CONTRACTOR 4: **Fire Line / Sprinkler Contractor**

Business Name: _____

Contact Name: _____ (on-site supervisor)

Phone: _____ Email: _____

Contracted Work to Complete: _____

SUB. CONTRACTOR 5: **Pre-Treatment Unit Installation (Grease Unit / Oil-Water Separator)**

Business Name: _____

Contact Name: _____ (on-site supervisor)

Phone: _____ Email: _____

Contracted Work to Complete: _____

Unit Type / Model / Size: _____
(If multiple devices are being installed; list each separately)

Location of Device: _____

SUB. CONTRACTOR 6: **Non-Fireline Backflow Device Installation**

Business Name: _____

Contact Name: _____ (on-site supervisor)

Phone: _____ Email: _____

Contracted Work to Complete: _____

Number of Backflow Devices: _____



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Unit Type / Model / Size: _____
(If multiple devices are being installed; list each separately)

Location of Device: _____

Unit Type / Model / Size: _____
(If multiple devices are being installed; list each separately)

Location of Device: _____

SUB. CONTRACTOR 7: **BMP / Water Quality Unit Installation**

Business Name: _____

Contact Name: _____ (on-site supervisor)

Phone: _____ Email: _____

Contracted Work to Complete: _____

Check which will be Installed On-Site: ☐ **POND** ☐ **RAIN GARDEN** ☐ **AQUA-SWIRL**
☐ **UNDERGROUND DETENTION** ☐ **PERM. PAVERS** ☐ **OTHER** _____

Number of BMP's On-Site: _____

Unit Type / Model / Size: _____
(If multiple devices are being installed; list each separately)

Location of Device: _____

Unit Type / Model / Size: _____
(If multiple devices are being installed; list each separately)

Location of Device: _____

SUB. CONTRACTOR 8: **Boring / Line Stops / Other**

Business Name: _____

Contact Name: _____ (on-site supervisor)

Phone: _____ Email: _____

Contracted Work to Complete: _____

CONSTRUCTION WATER:

- Will you need Construction Water for this location? **YES / NO**
- Do you currently rent a Temporary Hydrant Meter from CBU? **YES / NO**
You must get pre-approval to use the hydrant meter at this location. Contact Liberty Flora at (812-349-3948) for authorization and the location of which hydrant to use.



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- The CBU bulk water station located at 3220 S. Walnut St in Bloomington is available for construction water needs. There is a hookup for a fire hose as well as a spout that can fill water trucks. Only credit card payments are accepted. The rate is \$3.16 per 1,000 gallons.

PROJECT PLANNING & PERMITTING REQUIREMENTS:

You may also refer to our website's "*For Contractors*" section for more information regarding the items listed above. <https://bloomington.in.gov/utilities/review/construction> CBU's Construction Specifications are also available for download from this page.

- Does your project include any of the following items? If so, please provide the requested info.

WORK:

CONTRACTOR:

- | | | |
|------------------------------|-----------------|-------|
| • Sewer Bypass Plans | YES / NO | _____ |
| • Planned Water Interruption | YES / NO | _____ |
| • Boring | YES / NO | _____ |
| • Lines Stops | YES / NO | _____ |
| • Lift Station / Force Main | YES / NO | _____ |
| • Project Phasing | YES / NO | _____ |

- PERMITS / ROAD CLOSURES:**

*****CBU will NOT do work w/out ROW Permit # *****

Are your permits already in place? If so, please provide the permit type & #.

- | | | |
|--------------------------------------|-----------------|---------------------|
| • Building Permit obtained? | YES / NO | # _____ |
| • Grading Permit obtained? | YES / NO | # _____ |
| • IDEM Sewer Permit approved? | YES / NO | # _____ |
| • MOT approved by City/County? | YES / NO | _____ |
| • ROW Excav. Permit obtained? | YES / NO | # _____ |
| | | City / County / IU |
| • Planned Road Closure for ROW work? | YES / NO | _____ |
| | | Date(s) of closure? |

- BILLING OF FEES:**

(Indicate the Responsible Party for each of the following fees)

Tap Fees:

☐ Developer ☐ General Contractor ☐ Sub-Contractor ☐ Other

Connection-related Fees:

☐ Developer ☐ General Contractor ☐ Sub-Contractor ☐ Other